

**OFFICE OF THE FEDERAL DEFENDER  
EASTERN DISTRICT OF CALIFORNIA  
801 I STREET, 3rd FLOOR  
SACRAMENTO, CALIFORNIA 95814  
(916) 498-5700 Fax: (916) 498-5710**


*Daniel J. Broderick  
Federal Defender*

*Linda Harter  
Chief Assistant Defender*

April 14, 2008

Ms. Shari Rusk  
Attorney at Law  
1710 Broadway, #111  
Sacramento, CA 95818

Re: **U.S. v. Vinnie Brooks**  
**Cr.S-03-550-EJG**

**FILED**  
APR 15 2008  
CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY   
DEPUTY CLERK

Dear Ms. Rusk:

This will confirm your appointment as counsel by the Honorable Edward J. Garcia, U.S. District Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,

  
CYNTHIA L. COMPTON  
CJA Panel Administrator

:clc  
Enclosures

cc: Clerk's Office

1. CIR./DIST./DIV. CODE CAE		2. PERSON REPRESENTED Brooks, Vinne Willette Ladora		3. VOUCHER NUMBER																																																																																																																									
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:03-000550-002		5. APPEALS DKT./DEF. NUMBER																																																																																																																									
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Moss		8. PAYMENT CATEGORY Felony																																																																																																																									
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Probation Revocation																																																																																																																											
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 2423.F -- COERCION OR ENTICEMENT OF MINOR																																																																																																																													
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Rusk, Shari 1710 Broadway, #111 Sacramento CA 95818  Telephone Number: (916) 804-8656			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <u>Edith J. Jannis</u> Signature of Presiding Judicial Officer or By Order of the Court <u>03/14/2008</u> Date of Order      Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																										
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22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____      Date: _____																																																																																																																													
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## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

DEPENDENTS	<input checked="" type="checkbox"/> SINGLE	Total No. of Dependents	List persons you actually support and your relationship to them
	<input type="checkbox"/> MARRIED		
	<input type="checkbox"/> WIDOWED		
	<input type="checkbox"/> SEPARATED OR DIVORCED		
	<input type="checkbox"/>		

DEBTS & MONTHLY BILLS	APARTMENT OR HOME	Creditors	Total Debt	Monthly Payment
(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CREDIT CARD COMPANIES, ETC.)		Rent	\$	350.00
		phone bill	\$	62.00
		Smud	\$	91.00
		Scholar	\$	100.00
		Food	\$	167.00

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

**SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)**

Stuart W. B. Jr